

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | 1 | | | | 51 | |
| 2 | | 1 | | 1 | | | 52 | |
| 3 | | 1 | | 1 | | | 53 | |
| 4 | | 1 | | 1 | | | 54 | |
| 5 | | 2 | | 1 | | | 55 | |
| 6 | | 1 | | 1 | | | 56 | |
| 7 | | 1 | | 1 | | | 57 | |
| 8 | | 1 | | 1 | | | 58 | |
| 9 | | 1 | | 1 | | | 59 | |
| 10 | | 1 | | 1 | | | 60 | |
| 11 | | 1 | | 1 | | | 61 | |
| 12 | | 1 | | 1 | | | 62 | |
| 13 | | 1 | | 1 | | | 63 | |
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| 50 | | | | | | | 100 | |
| TOTAL IND. | | 1 | | 1 | | | TOTAL IND. | |
| TOTAL DEP. | | | | 12 | | | TOTAL DEP. | |
| TOTAL CLAIMS | | | | 13 | | | TOTAL CLAIMS | |